

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



March 22, 1994

ALL-COUNTY INFORMATION NOTICE I-09-94

TO: ALL COUNTY WELFARE DIRECTORS

REASON FOR THIS TRANSMITTAL

- State Law Change
- Federal Law or Regulation Change
- Court Order or Settlement Agreement
- Clarification Requested by One or More Counties
- Initiated by CDSS

SUBJECT: FORMATION OF SPECIAL INVESTIGATION
UNIT, FRAUD BUREAU, CDSS

The California Department of Social Services (CDSS) is pleased to announce the formation of a special investigation unit within the department's Welfare Programs Division.

The primary responsibility of the unit will be investigating violations of Welfare and Institutions Code, Section 10980, with an emphasis on state-only programs or providing investigative services where such services are currently limited or unavailable (such as Supplemental Security Income/State Supplementary Program (SSI/SSP) or In Home Supportive Services (IHSS) in certain regions).

In addition to the above duties, the unit will be available to assist or support the county special investigative units in a number of situations regarding suspicions of welfare fraud. Some of the services we can provide are:

- o Assistance or lead in multiple jurisdiction fraud
- o Assistance with uncovered caseloads. This can occur where a county with, say, a one and two person operation finds the position(s) vacant for an extended period.
- o Internal affairs
- o Employee fraud
- o Out-of-your area service of subpoenas and/or warrants
- o Depositions from out-of-area witnesses or related evidence gathering
- o Assistance in other highly complex or extra sensitive investigations
- o Immediate need investigations. These can occur when a situation arises that is so urgent it would be detrimental to use the normal investigation request procedure. In these cases, please call as outlined below and then follow up with the normal referral process.

Attached for your use is a CDSS-SIU request for investigation referral form. Every effort will be made to assign staff to your request in as expeditious a manner as possible. If you have an "immediate need" case, need more referral forms or have any questions or concerns, please contact Charlie Mahin of the Fraud Bureau at 916-323-4747.



MICHAEL C. GENEST
Deputy Director
Welfare Programs Division

Attachment

c: CWDA

Request for Investigation-Suspected Criminal

A. From

District/Region/Agency

B. CASE IDENTIFICATION

Case Name (Last, First)

Aide Code	Case Number	SFC
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Case Address (Number and Street)

City and State (zip code)	Case Phone No.
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C. ELIGIBILITY AND GRANT INFORMATION

Evidence of Fraud Exists on: Food Stamps AFDC
 IHSS SSP Adult Prog. Other

Type of Food Stamps Issued On Case

Current Eligibility Determination:
 Eligible Ineligible Questionable-Explain below

Current Cash grant and Food Stamp Amounts
 Grant Amount are Correctly Determined Amount Questionable-Explain Below

Adverse Actions
 Decrease Discontinuance None

D. FRAUD INFORMATION

<input type="checkbox"/> Types of Allegations	<input type="checkbox"/> Forgery	<input type="checkbox"/> Unreported Personal Property	<input type="checkbox"/> False Disability	<input type="checkbox"/> Warrant Service
<input type="checkbox"/> Unreported Earnings	<input type="checkbox"/> No Deprivation (AFDC)	<input type="checkbox"/> Family Composition	<input type="checkbox"/> Attempted Fraud Only	<input type="checkbox"/> Disposition Service
<input type="checkbox"/> Unreported Nonearned Income	<input type="checkbox"/> unreported real Property	<input type="checkbox"/> Omitments; Affairs	<input type="checkbox"/> Multiple Case Fraud, Non Existing Person	<input type="checkbox"/> subpoena service

Person Who Signed Case Documents	Aid During Fraud Period Yes <input type="checkbox"/> No <input type="checkbox"/>	sex <input type="checkbox"/> Male <input type="checkbox"/> Fem.	Birthdate	Social Security Number	DMV License or ID Number
Name of person who may be involved	Aid during Fraud Period <input type="checkbox"/> Yes <input type="checkbox"/> No	Sex <input type="checkbox"/> Male <input type="checkbox"/> Fem.	Birthdate	Social Security Number	DMV License or ID Number

E. REMARKS

Blank area for remarks.

F. SIGNATURE BLOCK

Requestor's Signature	Title	Telephone/Extension	Date Completed
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For CDSS Use Only-Do Not Write In this Place

1. INTAKE INPUT

Pri.	Allegation code	File Number	Initials	Date
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2. ASSIGNMENT INPUT

Pri. code	Allegation code	File Number	Initials	Date
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3. STATISTICAL DATA

Primary Aid Code	Priority Code
	Initials
	Date

Use reverse side for additional comments